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ABSTRACT

This paper presents data on a new measure of attitudes toward children with severe emotional disturbance (SED) and reports on the measure's use to examine teachers' attitudes toward children with SED. Elementary or high school teachers (n=103) in western North Carolina completed the Attitudes towards Children with Serious Emotional Disturbance Scale. To test the validity of the scale, both exploratory and confirmatory factor analyses were employed. Modification of the original scale and confirmatory factor analysis resulted in four factors: (1) ecology; (2) family; (3) parental involvement; and (4) total score. Future research is planned to add additional items to the scale and to assess larger groups of teachers, parents, and mental health workers. (DB)

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Introduction

Children considered to have Serious Emotional Disturbance (SED) are those with a diagnosable mental disorder who also have significant functional impairment and several difficulties that may require the involvement of multiple agencies. Epidemiological research in the United States suggests approximately 20% of children have a diagnosable mental disorder and that approximately 5% of children have SED (Costello, et al., 1996; Stroul & Friedman, 1986).

Although a number of different approaches have been utilized to treat children with SED, the treatment of choice today is a system of care (SOC) approach (Stroul & Friedman, 1986). SOCs create community-based programs that provide services that wrap around the child by providing close linkages between formal support systems (e.g., schools, child welfare agencies, juvenile justice, mental health) and informal support systems (e.g., service clubs, churches, volunteer networks, parent organizations; VanDenBerg & Grealish, 1996). The impetus for the SOC model resulted when traditional approaches toward treating children with SED were found to be costly and not successful (Stroul & Friedman, 1986).

Although a number of rating scales exist to measure teachers' and parents' perceptions of the behaviors of children with emotional or behavioral problems, there are very few instruments that measure attitudes toward these children (Minor, 2001). Thus, one purpose of this study was to provide preliminary data regarding a new measure of attitudes toward children who have SED.

Schools, and in particular, teachers, are key players in the SOC treatment approach for children with SED. With the exception of mental health agencies, teachers make more referrals for SOC treatment than any other professional group. Further, teachers are often involved in treatment since many children with SED also have educational/learning problems. In spite of this, little is known about teachers' attitudes toward children with SED. Thus, a second purpose of this research was to examine teachers' attitudes and beliefs about children with SED. This is an important concern, because teachers' attitudes may influence referral patterns and treatment options for these children. For example, a teacher who minimizes the difficulties that children with SED might have in school would be less likely to identify a need for services and may thus refer fewer children for services.

Method

Elementary or high school teachers in Western North Carolina (n = 103) completed the Attitudes Towards Children with Serious Emotional Disturbance Scale (ATCSED; Minor, 2001). The ATCSED consists of 29 statements about children with SED that are answered on a 5-point Likert-type scale (from *strongly agree* to *strongly disagree*). The ATCSED was conceptualized to contain three major factors: (a) Ecological variables, (b) Parent/Family variables, and (c) Treatment variables.

Results

To test the validity of the ATCSED, both exploratory and confirmatory factor analyses were employed. The exploratory analysis suggested a hierarchical structure comprised of eight first-order factors, three second-order factors, and an overall factor. In order to assist clinical interpretation, items were then parceled among the eight first-order factors. Each item was assigned to the factor accounting for the largest amount of respective item variance. Items with loadings below .35 were dropped from the scale and omitted from subsequent analysis.

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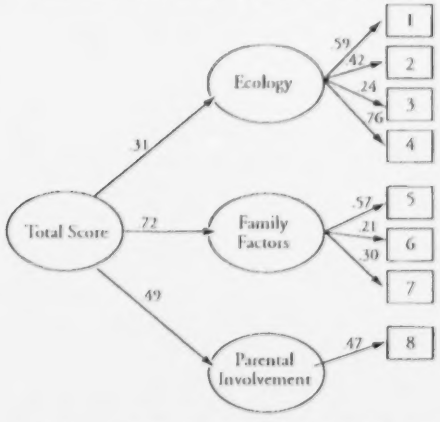
Following the exploratory analysis, a modification of the original scale was done which resulted in 23 items. The modified scale was found to be internally consistent with Cronbach's Alpha of .70. The confirmatory factor analysis was performed on this new modified scale. For the confirmatory analysis, the factor structure was restricted a priori according to guidelines offered by the theoretical model used to develop the ATCSED. The obtained data were then compared with the restricted, theoretical model. The results of the confirmatory analysis suggested four major factors: (a) Ecology, (b) Family, (c) Parental Involvement, and (d) Total Score. The structural model for the ATCSED can be seen in Figure 1. The rectangles represent the eight observed subscale scores. The four factors are represented by ellipses. The arrows in the figure represent the unconstrained factor loadings, or standardized regression weights, from the latent variables to the observed parceled items. The goodness of fit indices offered in Figure 1 indicates that the structural model provides an excellent representation of the constructs measured by the ATCSED. The Tucker-Lewis Index (TLI) and the Normative Fit Index (NFI) both exceed .90. Similarly, the χ^2 of 23.6 (18), with an accompanying p-value of .17, indicate that the model cannot be rejected. The RMSEA statistic for the model is .03, indicating the theoretical structure does an excellent job of accounting for the variance in test score loadings from the factors to the observed scales range from moderately low (.21) to high (.76). Fourteen items on the modified ATCSED loaded on Ecology; seven loaded on Family, and two items loaded on Parent Involvement.

Figure 1
Confirmatory Factor Analysis of the ATCSED



Chi square = 23.65, df = 18, p = .17, TLI = 1.00, NFI = 1.00
RMSEA = .03

Discussion

As a result of the factor analysis of the original ATCSED, a new scale was developed which contained 23 of the 29 original items and was found to meet the minimum requirements for reliability (.70) and internal validity (TLI = 1.00 and NFI = 1.00; Messick, 1995). The external validity, or clinical usefulness, of the new ATCSED remains to be demonstrated. In this study of teachers' attitudes toward children with SED, four scales were found for the ATCSED: (a) Ecology, (b) Family, (c) Parental Involvement, and (d) Total Score. Future research is planned to add additional items to the three main scales of the ATCSED and to test for their contributions to the reliability and internal and external validity of the scale. To do this, we plan to assess larger groups of teachers, parents and mental health professionals to assist with this basic validity work. Further, we hope to determine whether the ATCSED may be useful in demonstrating how attitudes toward children with SED may

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be modified or changed. For example, in one study we plan to pretest participants before an educational intervention, consisting of basic information about children with SED, and SOC, and then do a posttest for comparison to see if attitudes have been modified or changed.

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